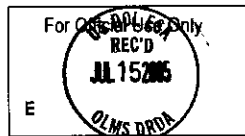


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3109</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jon</u> , <u>D</u> <u>Coulson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1937 7th Street</u> City <u>La Verne</u> State <u>California</u> ZIP Code + 4 <u>91750</u>	4. Name, file number, and address of labor organization. Name <u>Bricklayers & Allied Craftworkers Local 18 CA</u> Labor Organization File Number <u>526-858</u> P.O. Box, Building and Room Number, if any _____ Street <u>556 N. Diamond Bar Blvd. #201</u> City <u>Diamond Bar</u> State <u>California</u> ZIP Code + 4 <u>91765</u>
5. Position in labor organization. <u>Vice-Chairman/Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7-8-05
Date

(909) 396-6700
Telephone Number

Name of Person Filing Jon Coulson

File Number U- 3109

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Joint Apprenticeship Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9351 Telstar Ave. #200

City El Monte

State California

ZIP Code + 4 91731

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name See 11.a.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11b states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers

11.b. Approximate dollar value of such dealing.

\$161,428

12.a. Nature of interest held or income received.

I paid for a holiday lunch for the apprentices and was reimbursed by the trust for this expense.

12.b. Amount.

\$127

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Jon Coulson	File Number U- 3109
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Tile Helpers Apprenticeship & Education Trus</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 9351 Telstar Ave. #400</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name See 11.a.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11.b. states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers</p> <p>11.b. Approximate dollar value of such dealing. \$144,800</p> <p>12.a. Nature of interest held or income received.</p> <p>I recieved compensation from the trust for teaching apprenticeship classes.</p> <p>12.b. Amount. \$6,326</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing Jon Coulson

File Number U- 3109

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tile Helpers Apprenticeship & Education Trus

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9351 Telstar Ave. #400

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name See 11.a.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11.b states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers

11.b. Approximate dollar value of such dealing.

\$144,800

12.a. Nature of interest held or income received.

I was reimbursed for training supplies and materials that I purchased for the trust.

12.b. Amount.

\$485

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.